

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	DND	
1	1												
2													
3													
4													
5													
6													
7													
8													
9		2											
10		2											
11		1											
12		3											
13		3											
14		3											
15		3											
16		1											
17		1											
18		1											
19		1											
20		1											
21		1											
22		1											
23		1											
24		1											
25		1											
26		1											
27		1											
28		1											
29		1											
30		1											
31		1											
32		1											
33		1											
34		1											
35		1											
36		1											
37		1											
38		1											
39		1											
40		1											
41		1											
42		1											
43		1											
44		1											
45		1											
46		1											
47		1											
48		1											
49		1											
50		1											
TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.		TOTAL DND	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	